

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 265437	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Avalon View Health and Wellness		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 West College Street Liberty, MO 64068	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to follow facility policy and physician orders to implement contact precautions and infection control measures to prevent the spread of scabies for three of three sampled residents, on the special care unit, (Resident #1, #2, and #3). All residents of the special care unit had to be prophylactically treated with 18mg Ivermectin by mouth, and Permethrin topically and showered. The facility census was 118. Review of the facilities policy titled, Identification and Management of Scabies, showed:-Affected residents should remain on contact precautions until 24 hours after treatment;-A resident sharing a room with someone infected with scabies should be examined carefully for scabies and should be treated if signs and symptoms are present, if symptoms are not present daily assessments should be made until the case has resolved;-Individuals who come into contact with the infected resident or with potentially contaminated bedding or clothing should wear a gown and gloves or other protective clothing as established by the facility's infection and exposure control programs;-Place residents with scabies on contact precautions during the treatment period. 1. Review of Resident #1's skin assessment dated [DATE], showed the resident had a rash on his/her shoulder and upper back, palms of hands and in between fingers. Review of the resident's Quarterly Minimum Data Set (MDS), a federally mandated assessment tool completed by facility staff, dated 11/11/25, showed:-The resident required partial assistance with showering/bathing;- The resident diagnosis included dementia with anxiety. Review of the Resident's care plan, revised on 11/11/25, showed:-The resident had severe cognitive impairment and resided on the memory care;-Was dependent on staff for meeting emotional, physical, and psychosocial needs;-The care plan did not address the treatment or diagnosis of scabies. Review of the resident's physician's order sheet (POS) dated November 2025, showed the resident had an order for Ivermectin 18mg by mouth on 11/1/25 and repeat the same dose on 11/14/25. During an interview with the Dermatology clinic's Physician Assistant (PA) on 11/20/25 the PA said:- The resident was being treated for a diagnosis of a scabies rash located on the palms and fingers of the resident's left and right hands, shoulder and upper back;- The PA said the clinic sent documentation to the facility after the resident had been seen for follow up care and recommendations. Review of the patient education sheet, provided by the Dermatologist for November 2025 showed: -Scabies is an infestation of mites that is very contagious;-Household contacts should be treated;- Contaminated clothing should be isolated for 72 hours and washed and dried on high heat;-The resident had an additional diagnosis of Post-Scabietic Dermatitis (a persistent allergic reaction to dead mites that causes intense itching);- The resident was prescribed Zyrtec for itching and Triamcinolone (a topical medication used to help alleviate redness, itching, and discomfort cause by skin conditions) 0.1% topical ointment to apply to rash twice daily for two weeks. Observation of the resident, who resided on the memory care unit, on 11/19/25 at 4:10 P.M., showed:- The resident sitting in the dining room at a table with other residents of the memory care;- CMT A held the resident's hand in the dining room without gloves on and did not prevent contact with staff or other residents. 2. Review of Resident #2's MDS, dated [DATE] showed:- The resident was dependent on staff for showering/bathing;- Diagnoses included: Non-Alzheimer's Dementia and generalized muscle weakness. Review of the Resident's Care Plan, revised on 9/6/2025 showed:-The resident resided on the memory care unit due to dementia;- The resident had impaired cognitive function due to dementia;- The care plan did not address diagnosis or treatment of scabies. Review of the resident's skin assessment dated [DATE], showed the resident had a rash to his/her chest and back. Review of the resident's POS dated November 2025, showed the resident had an order for Ivermectin 18mg by mouth on 11/5/25 and to repeat the dose on 11/19/25. During an interview on 11/20/25 the Dermatology clinic's PA said:- The resident was being treated for a diagnosis of Scabies rash located on chest and upper back;- The PA said the clinic sent documentation to the facility after the resident was seen for follow up care and recommendations;- The resident was being treated for a diagnosis of Scabies located back and the chest;- The resident's treatment plan included Ivermectin 18mg by mouth with food and repeat dose in two weeks;- Wash linens and clothing, follow scabies treatments and isolation measures per Centers for Disease Control (CDC) recommendations;- The facility was provided written education by the dermatologist and that others in the household should be treated. Observation of the memory care unit on 11/28/25 at 10:30 A.M. showed no signs posted indicating the need for contact precautions or any personal protective equipment (PPE) in or near the resident's room. 3. Review of Resident #3's Quarterly MDS, dated [DATE] showed:- The resident required moderate</p>		